MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12927

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Trappe; LENGTH OF STAY (in this place) 80 Yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Little-Neck Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Trappe; STREET ADDRESS (If rural, give location) Little-Neck Road

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Eliza (Last) Carroll

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 26 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Trappe Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Adams

14. MOTHER'S MAIDEN NAME: Elizabeth Frampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Paul F. Carroll, RD #1, Trappe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) I. C. V. D. — Interval Between Onset and Death: 4 yrs

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 50 to 11/26/1952 that I last saw the deceased alive on 11/25/1952 and that death occurred at 12 30 a m., from the causes and on the date stated above.

SIGNATURE M Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 29 1952 | NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery | LOCATION (City, town, or county) (State): Easton, Maryland

DATE REC'D BY LOCAL REG. 11/27/52 | REGISTRAR'S SIGNATURE N. H. Meeres | 24. FUNERAL DIRECTOR ADDRESS W. Frampton Gould Jr. Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-25

RECEIVED
DEC 2 1952
BUREAU V. 4

12928

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 8 1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton
STREET ADDRESS (If rural, give location): 114 So. Harrison St.

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) O (Last) Davis
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-31-91
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Grain Hoal
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Mr. Robert Davis
14. MOTHER'S MAIDEN NAME: Willemina Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mrs Bernice D. Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

962X

Immediate cause (a) Intestinal Obstruction — 12-15 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atony of Colon — 10 yr

(c) due to Spinal Cord injury — "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1952, to 11-28, 1952, that I last saw the deceased alive on 11-28, 1952, and that death occurred at 8:50 p. m., from the causes and on the date stated above.

SIGNATURE: M. V. Palmer — (Degree or title): M. D. — ADDRESS: Easton, Md — DATE SIGNED: 12/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/30/52 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton — (State): Md

DATE REC'D BY LOCAL REG.: 11/29/52 — REGISTRAR'S SIGNATURE: N. H. Nedrick — 24. FUNERAL DIRECTOR: John D. Williams — ADDRESS: Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 9 1952
BUREAU V. S.

12929

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova. LENGTH OF STAY (in this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) W.	(Middle) Earle	(Last) Dulin	4. DATE OF DEATH	(Month) Nov.	(Day) 7	(Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Jan. 24, 1894	9. AGE last birthday 58 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Bus Yard	10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (State or foreign country) Talbot	12. CITIZEN OF WHAT COUNTRY? N. S.				
13. FATHER'S NAME Wm J Dulin	14. MOTHER'S MAIDEN NAME Mary M. Wood.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 218-20-8115	17. INFORMANT AND ADDRESS Mrs W. Earle Dulin, Cordova, Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinoma of the brain	4 mos
162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of the bronchus	4 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 1942, to Nov. 7, 1952, that I last saw the deceased alive on Nov. 2, 1952, and that death occurred at 5 20/a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lmr Lederer	M.D.	Aneca Anne Md	11/8/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF Nov. 10, 1952	NAME OF CEMETERY OR CREMATORY St. Joseph's	LOCATION (City, town, or county) (State) Rural Cordova, Md.
DATE REC'D BY LOCAL REG. 11/8/52	REGISTRAR'S SIGNATURE N. H. Neeres	24. FUNERAL DIRECTOR [illegible]	ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 18 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

12930

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital. Easton. MARYLAND. LENGTH OF STAY (in this place) 5 hrs 15 min. Washington St Easton.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Josiah (Middle) (Last) Fairbank.

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 8-13-69

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Joshua Fairbank

14. MOTHER'S MAIDEN NAME: Josephine Pumphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs. Ocelia Fairbank

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocardial Failure, chronic — Interval Between Onset and Death: 3 wks.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic C.V.D. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Nov, 1952 to 2 Nov, 1952, that I last saw the deceased alive on 2 Nov, 1952, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas Keene Jr M.D. St Michaels Md 11-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/5/52

NAME OF CEMETERY OR CREMATORY: Oliver

LOCATION (City, town, or county) (State): St. Michaels Md

DATE REC'D BY LOCAL REG. 11/3/52

REGISTRAR'S SIGNATURE: N. A. Nevins

31. FUNERAL DIRECTOR ADDRESS: Norman V. Marshall St. Michael. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AR

NOV 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12931

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) (Last) Green

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Dec. 19, 1880
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 10 Days 18 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Oysters
11. BIRTHPLACE (State or foreign country): Bellevue Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Thomas
14. MOTHER'S MAIDEN NAME: Amanda Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 216-16-7223
17. INFORMANT & ADDRESS: Clarence Gibson, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.2

Immediate cause (a) Chronic Myocarditis c̄ Anasarca — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(151X) (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Ca of Stomach — 18 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1951, to 11-6, 1952, that I last saw the deceased alive on 11-5, 1952, and that death occurred at 1-4 m., from the causes and on the date stated above.

SIGNATURE M F Bull (DEGREE OR TITLE) MD ADDRESS Easton Md DATE SIGNED 11-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 8-52
NAME OF CEMETERY OR CREMATORY St Luke Cemetery
LOCATION (City, town, or county) Bellevue (State) Md.
DATE REC'D BY LOCAL REG. 11/7/52
REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR John D. Williams, ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215 8-51

RECEIVED
NOV 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12932

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) Smith (Last) Grymes

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 1, 1896

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Worked for P.S.Spr.

10b. KIND OF BUSINESS OR INDUSTRY: Lone

11. BIRTHPLACE (State or foreign country): Orange N. J.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur Johnson Grymes

14. MOTHER'S MAIDEN NAME: Laura Bowman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Lone

17. INFORMANT AND ADDRESS: Regina Hardcastle Oxford, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 wks.
4432 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis nephrosclerosis	(?)
	(c) Essential hypertension	(?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary arteriosclerosis (?)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Nov 14, 1952, that I last saw the deceased alive on Nov 13, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED Nov 17 1952

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Nov 15, 1952 | NAME OF CEMETERY OR CREMATORY Oxford | LOCATION (City, town, or county) Oxford (State) Md.

DATE REC'D BY LOCAL REG. 11/15/52 | REGISTRAR'S SIGNATURE N.H. Neavies

24. FUNERAL DIRECTOR Albert Easter ADDRESS Easton Md.

RECEIVED
NOV 25 1952
BUREAU V. A.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12933

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) 6 hrs. 40 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock R F D; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Lenora (Middle) May (Last) Harper

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-7-80

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H W

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: Mr S. James Mary

14. MOTHER'S MAIDEN NAME: Arbuley Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mr Albert F. Harper Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Cardiac failure due arteriosclerotic heart disease — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Bronchitis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Nov, 1952, to 27 Nov, 1952, that I last saw the deceased alive on 27 Nov, 1952, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

SIGNATURE: Thurston Harrison | (Degree or title): M. D. | ADDRESS: Easton, Maryland | DATE SIGNED: 28 Nov 52

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF: 11/30/52 | NAME OF CEMETERY OR CREMATORY: Washington | LOCATION (City, town, or county) (State): Hurlock Md

DATE REC'D BY LOCAL REG.: 11/28/52 | REGISTRAR'S SIGNATURE: N. H. Reeves | 24. FUNERAL DIRECTOR: J. J. Frampton and Son | ADDRESS: Federalsburg, Maryland

VS. A15

RECEIVED
DEC 5 1952
BUREAU V. S.

12934

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 35 hrs - 40 mins
HOSPITAL ~~OR INSTITUTION~~ OR ~~STREET ADDRESS~~ Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural, give location) Maryland. ✓

3. NAME OF DECEASED (Type or Print) (First) Gerald (Middle) (Last) Harrington.
4. DATE OF DEATH (Month) November (Day) 1 (Year) 1952
5. SEX Male Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 6, 1888
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr. Columbus Harrington
14. MOTHER'S MAIDEN NAME Isabelle Crew
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs Alice Harrington (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ruptured aneurysm of the abdominal	6 days
452x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) aorta	
	(c) Arteriosclerosis general	(?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Oct, 1952, to 1 Nov, 1952, that I last saw the deceased alive on 1 Nov, 1952, and that death occurred at 11.40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Purston Harrison M.D. Easton, Maryland 24 Nov 52

23. BURIAL CREMATION REMOVAL (Specify)
DATE THEREOF 11/4/52
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) (State) Stevensville Md.

DATE REC'D BY LOCAL REG. 11/2/52
REGISTRAR'S SIGNATURE N.H. Neeries
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

RECEIVED
DEC 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12935

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stewart Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
STREET ADDRESS (If rural, give location) Aurora Street

3. NAME OF DECEASED: (Type or Print) (First) Madia (Middle) Thomas (Last) Hughlett

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Dec. 18th 1865

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months 11 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Samuel Thomas

14. MOTHER'S MAIDEN NAME: Mary Anna Dickinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Arthur Hundley - Balto, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Arterio Sclerotic Heart disease — Interval Between Onset and Death: 5 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arterio Sclerosis — 10 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1940 to Nov., 1952 that I last saw the deceased alive on Nov. 20th, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William S. Seymour M.D. Easton, Md 11/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Dec. 2, 1952

NAME OF CEMETERY OR CREMATORY Crosiadore

LOCATION (City, town, or county) (State) Trappe, Md.

DATE REC'D BY LOCAL REG. 11/30/52

REGISTRAR'S SIGNATURE N. A. Nevius

24. FUNERAL DIRECTOR ADDRESS John D. Williams, Easton Md

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12936

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Trappe, Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) Benjamin (Middle) Franklin (Last) Le Compte

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 7, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY: Lunch Room

11. BIRTHPLACE (State or foreign country): Talbot Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Le Compte

14. MOTHER'S MAIDEN NAME: Laura Corkran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. LeCompte Jones Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerosis, Generalized — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 47, to 11/7/, 19 52, that I last saw the deceased alive on ....., 19 52, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE: [illegible] Cof (DEGREE OR TITLE) M.D. ADDRESS: Easton Md DATE SIGNED: 11/7/52

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF: Nov 10-52

NAME OF CEMETERY OR CREMATORY: Upper Bambury

LOCATION (City, town, or county) (State): Trappe, Talbot, Md.

DATE REC'D BY LOCAL REG.: 11/8/52

REGISTRAR'S SIGNATURE: M.H. Meeres

24. FUNERAL DIRECTOR ADDRESS: Maurice E. Newnam & Son Easton, Md.

RECEIVED
NOV 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12937

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. Rural
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) S. (Last) McParland

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 7, 1884
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Anthony Lane
14. MOTHER'S MAIDEN NAME: Sarah Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: George McParland Easton, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Immed
DUE TO
Antecedent cause(s) (b) Hypertension — Years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from PM, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE Lewis S Welty (DEGREE OR TITLE) M.D. D.M.E. ADDRESS Easton Md DATE SIGNED Nov. 3 '52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF Nov. 3, 1952
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) Easton, Talbot (State) MD

DATE REC'D BY LOCAL REG. 1/2/52
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 6 1952
BUREAU V. S.

25002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TILGHMAN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) IVY (Middle) (Last) MISTER
4. DATE OF DEATH (Month) NOV. (Day) 29 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JAN. 22 1896
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & seafood worker
10b. KIND OF BUSINESS OR INDUSTRY Tilghman Packing Co.
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY U S A
13. FATHER'S NAME Mr John S. Newnam
14. MOTHER'S MAIDEN NAME Ida Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr Albert Clarence Mister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
171X Immediate cause	(a) acute yellow atrophy of liver	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) pelvic abscess	?
	(c) carcinoma of cervix c metastasis to liver, lungs, etc	—

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from September 1952, to 29 Nov, 1952, that I last saw the deceased alive on 29 Nov, 1952, and that death occurred at 10 15 P.m., from the causes and on the date stated above.

SIGNATURE Guy McKeever (Degree or title) M.D. ADDRESS St Michaels DATE SIGNED Md 12-2-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/1/52
NAME OF CEMETERY OR CREMATORY Tilghman
LOCATION (City, town, or county) Tilghman (State) Md
DATE REC'D BY LOCAL REG. 11/30/52
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Norman D. Marshall ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3

MARYLAND STATE DEPARTMENT OF HEALTH

12938

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-9-0

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) DOA; HOSPITAL OR INSTITUTION OR STREET ADDRESS D.A.A. Memorial Hosp. Easton Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Carroll (Last) Quimby

4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-8-1891

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Operator

10b. KIND OF BUSINESS OR INDUSTRY: Electric

11. BIRTHPLACE (State or foreign country): D.C. Co Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles H. Quimby

14. MOTHER'S MAIDEN NAME: Marietta Dougherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-16-6144

17. INFORMANT AND ADDRESS: Mrs. Annie O. Skinner - Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarct	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis	3 days.
420.1	(c) Generalized arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Pathologists.

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED Whilo at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward C. H. Schmidt M.D. ADDRESS: Easton, Md. DATE SIGNED: 14 Nov. 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 11-7-52; NAME OF CEMETERY OR CREMATORY: Chesterfield; LOCATION (City, town, or county) (State): Centreville Md

DATE REC'D BY LOCAL REG.: 11/6/52; REGISTRAR'S SIGNATURE: N. H. Nevins

24. FUNERAL DIRECTOR: Barton Bros. ADDRESS: Centreville Md

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NOV 18 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

12939

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colonial Hgts Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Colonial Hgts.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Colonial Hgts.

3. NAME OF DECEASED (Type or Print): (First) HANNAH (Middle) ALVARETTA (Last) RITTENHOUSE

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 6, 1869

9. AGE last birthday: 83 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse wife.

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Spencer Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathaniel Rittenhouse

14. MOTHER'S MAIDEN NAME: Mary Ann Garver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Daughter Mrs Raymond Tyson Colonial Hgts Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart Disease — Unknown.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patient was found dead in bed when I arrived at the home.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — , 19..... , to — , 19..... , that I last saw the deceased alive on — , 19..... , and that death occurred at 2.15 P. m., from the causes and on the date stated above.

SIGNATURE: Frank E. Mason (Degree or title) M.D. ADDRESS 18 W. Dover St Easton Md DATE SIGNED 11/2/1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/4/52 | NAME OF CEMETERY OR CREMATORY: Brethren Church Grd | LOCATION (City, town, or county) (State): Easton Md RD

DATE REC'D BY LOCAL REG.: 11/3/52 | REGISTRAR'S SIGNATURE: N. H. Norris | 24. FUNERAL DIRECTOR: R. Ellis Clark | ADDRESS: Easton Md

RECEIVED
NOV 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12940

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) R. (Last) Stansfield

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: 7-8-1867

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Share cropper

11. BIRTHPLACE (State or foreign country): Oxford Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Caleb Stansfield

14. MOTHER'S MAIDEN NAME: Margaret Kurtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 295-20-0074

17. INFORMANT & ADDRESS: Charles Stansfield Royal Oak Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) arteriosclerosis advanced	?
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Upper Respiratory Infection — 7 days

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11-3, 1952, to 11-4, 1952, that I last saw the deceased alive on 11-4, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE Guy M. Reese (DEGREE OR TITLE) MD ADDRESS St Michaels Md DATE SIGNED 11-5-52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): DATE THEREOF 11-6-52 NAME OF CEMETERY OR CREMATORY Spring Hill LOCATION (City, town, or county) Easton Talbot County (State) Md.

DATE REC'D BY LOCAL REG. 11-6-52 REGISTRAR'S SIGNATURE Mrs Robt. L. Sells

24. FUNERAL DIRECTOR J. Leidstrooke Tilghman Md. ADDRESS

Bobby this was Mosland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 8 1952
BUREAU V. S.

12941

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) South St. Ext.

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Dean (Last) Stevens
4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 1952
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 26th 1917
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Feed Supply Co.
11. BIRTHPLACE (State or foreign country) Talbot
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME James Dean
14. MOTHER'S MAIDEN NAME Clara Breeding
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-05-6244
17. INFORMANT AND ADDRESS Mrs James Dean. South St. Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) GSW head — Immed

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 11 (Day) 1 (Year) 52 (Hour) c 7:20 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? GSW head

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c 7:20 P m., from the causes and on the date stated above.

SIGNATURE Louis S. Wetty (Degree or title) Md. D. M.E. ADDRESS Easton Md DATE SIGNED 11-3-52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Nov. 4 1952
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 11/2/52
REGISTRAR'S SIGNATURE N. H. Neeves
24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
NOV 13 1952
BUREAU V. S.

Item 18 Film G148 11-20-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12943 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Trappe-rural
LENGTH OF STAY (in this place): 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Trappe
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print): Alexander W. Whiteley

4. DATE OF DEATH: (Month) (Day) (Year): Nov. 10 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: May 8, 1872

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman

10b. KIND OF BUSINESS OR INDUSTRY: Commercial

11. BIRTHPLACE (State or foreign country): Dorchester County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Whiteley

14. MOTHER'S MAIDEN NAME: Mary E. Arnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Winnie Schuyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

150X

Immediate cause (a) CARCINOMATOSIS - primary site Esophageal — Interval between onset and death: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 19 52, to 11-10, 19 52, that I last saw the deceased alive on 11-10, 19 52, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE: A. G. Bartley M.D. — (DEGREE OR TITLE) ADDRESS: 9 N. Hanson St. Easton — DATE SIGNED: 11-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov.12,1952 — NAME OF CEMETERY OR CREMATORY: Windy Hill — LOCATION (City, town, or county) (State): Windy Hill, Md.

DATE REC'D BY LOCAL REG.: 11/14/52 — REGISTRAR'S SIGNATURE: M. H. Meares

24. FUNERAL DIRECTOR — ADDRESS: Maurice E. Newnam & Son, Easton, Md.

RECEIVED
NOV 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12943

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe (Rural)
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Tal
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe (Rural)
STREET ADDRESS (If rural give location) R.F.D #1

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Thomas (Last) Wilson

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 25 1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 10 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Food Factory

11. BIRTHPLACE (State or foreign country): Trappe Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Albert Wilson

14. MOTHER'S MAIDEN NAME: Henrietta Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-24-3489

17. INFORMANT & ADDRESS: Mrs Daisy Wilson, Trappe, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerotic disease — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 9 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Nov., 1952, that I last saw the deceased alive on Nov 10th, 1952, and that death occurred at 6.20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Sizemore M.D. ADDRESS Trappe Md DATE SIGNED 11/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 26, 1952 — NAME OF CEMETERY OR CREMATORY Trappe Md. — LOCATION (City, town, or county) (State) Trappe, Maryland.

DATE REC'D BY LOCAL REGISTRAR 11/24/52 — REGISTRAR'S SIGNATURE N.H. Nevius

24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr. ADDRESS Camb., Md.

VS. A-26

RECEIVED
DEC 2 1952
BUREAU V. A.

Infant died 12/15/52

12944

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Phillip (Middle) John (Last) Wood

4. DATE OF DEATH (Month) Nov. (Day) 17 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 16, 1952
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 12 Min. 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Lea John Wood
14. MOTHER'S MAIDEN NAME Henrietta Maria Callahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Henrietta Wood - Denton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

795.5

Immediate cause (a) Cause undetermined — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1952, to Nov. 17, 1952, that I last saw the deceased alive on Nov. 16, 1952, and that death occurred at 7 20 A m., from the causes and on the date stated above.

SIGNATURE Lewis Ledoux (Degree or title) M.D. ADDRESS Queen Anne DATE SIGNED 11/18/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Nov. 18 52 NAME OF CEMETERY OR CREMATORY St. Joseph Cem LOCATION (City, town, or county) Cordova (State) Md

DATE REC'D BY LOCAL REG. 11/17/52 REGISTRAR'S SIGNATURE N.H. Neirus
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

20X2232406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

RECEIVED
NOV 25 1952
BUREAU V. S.